

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Robert Merritt 12130

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Steven Gullo

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

ID #

Current Institution

Address

Robert Merritt 12130

12130

Northampton County Prison

666 Walnut Street
Easton, PA 18042

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name STEVEN GULLO Shield # _____
 Where Currently Employed NORTHAMPTON COUNTY PRISON
 Address 666 WALNUT STREET
Easton PA 18042

Defendant No. 2

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? NORTHAMPTON

COUNTY PRISON 666 WALNUT ST. EASTON, PA 18042

B. Where in the institution did the events giving rise to your claim(s) occur? IN THE PROCESSING AREA / CENTRAL BOOKING (INTAKE)

C. What date and approximate time did the events giving rise to your claim(s) occur? OCTOBER 17, 2012, ABOUT

Statement of facts

On Oct 17, 2012 Officer Steven Gullio Assaulted me while on duty in Handcuffs in the Back of the Head of Easton PA for no known Reason at all. This officer Injured me Intentionally and willfully and knowingly voluntarily did assault Robert Mernit Horn Philliply to his body this is on camera Crisis Nagul was the Investigating officer of this crime. Officer Steven Gullio used excessive force by squeezing the Handcuff on so tight that the circulation in my risk was numb and I could not feel my hands I told this to the Nurse at the Warren County correction in Phillipsburg NJ. or Bellwether In my belief the prosecutors or the office knowing willfully and intentionally did conspired to not press charges against Steven Gullio by turning a blind eye. knowing He committed a crime against Robert Mernit Crisis Nagul without this one brought this conversation to the light of the prosecutor and he was brush off Crisis Nagul still have all proofs and evidence of all Issue and proceedings I would like for this Issue to be Investigated and the fact to be brought to the light

I would like Steven Gullo charge prosecuted
under Deprivation of Rights under Color
of LAW

Section 242 of Title 18 makes it a crime
for a person acting under color of any law
to willfully deprive a person of a right or
privilege protected by the Constitution
or laws of the United States

Also if the unknown names of
the prosecutor's did Act in Accord with
Steven Gullo Then They also should be
Held Accountable under Section 241
of TITLE 18 CONSPIRACY AGAINST RIGHTS
I want to ~~Reserve~~ Reserve all rights to addmend to
or to add to this suit of ~~name~~ UNKNOWN PARTY'S
When Needed as well as bring charges

Robert Menzies

What
happened
to you?

D.

Facts:

SEE Attach statement of facts

Who
did
what?

Was
anyone
else
involved?

Who else
saw what
happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

HIT IN THE HEAD HAVE CUTS?
ON TO HIGH RISK NUM dizzy ness could not sleep
Seeing blur this should be on the medical
Records of Warren County Correction Center at
Route 519 Belvidere I TOLD the INTAKE NURSE
and all other Nurses who were working

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

NORTHAMPTON COUNTY PRISON 666 WALNUT ST. EASTON
PA. 18042

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☐

If YES, which claim(s)? CHRIS NAUGE TOOK CARE OF IT ALL

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

GRIEVANCE OFFICER CHRIS NAUGE TOOK CARE OF ALL ISSUES

1. Which claim(s) in this complaint did you grieve? THAT OFFICER GULLO

HIT ME WITH A BELT IN THE CUFF

2. What was the result, if any? NO RESPONSE

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. FILE 1983 JAN. 31, 2013

#13 CV 580 JUDGE TIMOTHY SAVAGE - CASE WAS CLOSED
OUT BY JUDGE TIMOTHY SAVAGE WITHIN WROTE ME BACK
AND STATING THAT I COULD ONLY SUE OFFICER GULLO

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

\$2.5 Million in cash and
CRIMINAL CHARGES Filed AGAINST OFFICER STEVEN BURRO
IN his personal computer and under color of LAW

Yes ✓ No

1. Parties to the previous lawsuit:

Steven Gallo

Federal Court Attention P3

13 CV 580

Timothy SAVAGE

JAN 31 2013

✓

Don't Know Help

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) The Case was Closed
I can only sure Steven Bullo
the Judge said.

On
other
claims

C. Have you filed other lawsuits in state or federal court?

Yes ___ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

N/A

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this _____ day of _____, 20____.

Signature of Plaintiff _____

Inmate Number _____

Institution Address _____

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this ____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: _____

Robert Meritt

This is a Refile from
JAN 31 2013 13 CV 580
Close by Timothy Saverio Judge
Robert Meritt
VS
Steven Gullo

Inmate Account Summary Report
NORTHAMPTON COUNTY DEPT. OF CORRECTIONS

Today's Date: 05/13/2014

Page 1 of 1

Last Name	First Name	Middle Name	Affix	Booking#
MERRITT	ROBERT	LEVI		2214-0252

Trans Date/Time	Trans Type	Amount	Code	Check#	Deposit From/Withdrawal To	Curr Bal	CR Bal	Receipt #	Rev?
05/01/2014 14:23	Withdrawal	-4993.20	RHC		From: 2114-8989 To: 2214-0252	0.00	-4993.20	461998	
Authorizing Employee: 9112					Document Locator Number:	From: 2114-8989 To: 2214-0252			
05/01/2014 14:23	Withdrawal	-11.60	RHC		From: 2114-8989 To: 2214-0252	0.00	-5004.80	461999	
Authorizing Employee: 9112					Document Locator Number:	From: 2114-8989 To: 2214-0252			
05/01/2014 14:23	Withdrawal	-3.00	RHC		From: 2114-8989 To: 2214-0252	0.00	-5007.80	462000	
Authorizing Employee: 9112					Document Locator Number:	From: 2114-8989 To: 2214-0252			
05/01/2014 14:36	Deposit	3.76	CS		self-new commit	1.88	-5005.92	462002	
Authorizing Employee: 9112					Document Locator Number:				
05/03/2014 20:33	Withdrawal	-1.40	CP		COMMISSARY SUMMARY POSTING	0.48	-5005.92	462152	
Authorizing Employee:					Document Locator Number:	ITI COMMISSARY SUMMARY POSTING			
05/07/2014 08:39	Withdrawal	-3.00	MN		NURSE 5/6/14 6346	0.00	-5008.44	462398	
Authorizing Employee: 8715A					Document Locator Number:				

Total Withdrawals -5012.20

Total Deposits 3.76